LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Housing Department 7500 Odawa Circle Harbor Springs, MI 49740

RELEASE OF INFORMATION AGREEMENT		
Name:		
(Last)	(First)	(MI)
Maiden Name:	Alias:	
Date of Birth: /	Social Security Number:	_ / /
Address:		
(Street)	(P.O. Box)	(County)
(City)	(State)	(Zip)
Home Phone Number: /	/	
Work Phone Number: /	/	
Drivers License Number:		
I hereby authorize confidential informathis agreement.	ation to be released between the a	gencies listed in
Applicant / Client Signature:		
		(Date)
Co-Applicant Signature:		
		(Date)

Agencies Releasing Information To Each Other

Little Traverse Bay Bands of Odawa Indians Housing Department 7500 Odawa Circle Harbor Springs, MI 49740 Phone No: (231) 242-1540 Fax No: (231) 242-1500

Law Enforcement Agencies Courts and Post Office Tribal Social Services, Enrollment, Accounting Family Independent Agency Utility Companies
Credit Providers / Bureaus
Current & Previous Landlords
Schools and Colleges
Support and Alimony Providers
Child Care Providers
Retirement Systems
Social Security Administration
State and Federal Lending Programs
Michigan Works/Unemployment Office



